
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No. _____

REQUEST FOR HEARING
ON REGISTRATION
OF A CHILD CUSTODY
DETERMINATION

I swear:

1. I request a hearing to contest the validity of the registered child custody determination
filed by (name of person who filed application for registration) _____.

2. The reason I contest the registration is:

(check the box that explains your reason)

☐ The issuing court did not have jurisdiction under the UCCJEA; **or**

☐ The child custody determination sought to be registered has been vacated, stayed or
modified by a court having jurisdiction to do so under the UCCJEA, in the following court
_____, in case number _____, on
the ____ day of _____; **and/or**

☐ I was entitled to notice, but notice was not given in accordance with the standards of
section 32-11-108 Idaho Code, in the proceedings before the court that issued the order
for which registration is sought.

Date: _____

Typed/printed name

Signature

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho
Residing at _____
Commission expires _____

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By mail
- ☐ By fax (number) _____
- ☐ By personal delivery
- ☐ Overnight delivery/Fed Ex

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- ☐ By mail
- ☐ By fax (number) _____
- ☐ By personal delivery
- ☐ Overnight delivery/Fed Ex

Typed/printed name

Signature